

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583192

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		4		/			56						
7		2		/			57						
8		1		/			58						
9		1		/			59						
10		1		/			60						
11		1		/			61						
12		1		/			62						
13		1		/			63						
14		1		/			64						
15		1		/			65						
16	/		/				66						
17		1		/			67						
18		2		/			68						
19		1		/			69						
20		1		/			70						
21		1		/			71						
22	/		/				72						
23		1		/			73						
24		2		/			74						
25		1		/			75						
26		1		/			76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30	/		/				80						
31				/			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	7	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	24	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			31				TOTAL CLAIMS						